

**GENERAL INFORMATION FORM  
GOVERNOR'S DISCRETIONARY PORTION OF THE FEDERAL  
SAFE & DRUG-FREE SCHOOLS & COMMUNITIES ACT  
FISCAL YEAR 2007**

GOVERNOR'S USE ONLY Date Received: _____	Application Number: _____
<b>APPLICANT IDENTIFICATION</b>	
Agency Name: _____	
Address: _____	
City: _____	State: _____ Zip + 4 _____ County: _____
Federal Employer Identification Number: _____	Website: _____
<b>AUTHORIZED CERTIFYING OFFICIAL</b>	
(This person will receive <b>ALL</b> correspondence from this office.)	
Name: _____	Title: _____
Telephone: (    ) _____	Fax: (    ) _____ EMAIL: _____
<b>Fiscal Officer:</b>	
Name: _____	
Telephone: (    ) _____	Fax: (    ) _____ EMAIL: _____
<b>PROGRAM INFORMATION</b> <b>Funding Period: From October 1, 2006 to September 30, 2007</b>	
County (ies) in which proposed grant project will operate: _____	
Brief description of proposed grant project as described in application: _____	
Projected number to be served by proposed grant project: _____	
Age of youth projected to be served: _____	
Number of years agency has been in operation: _____	
If awarded, these funds will:	
_____ Create a mentor activity	OR
_____ Enhance or expand an ongoing mentoring activity <u>not</u> previously funded by SDFSCA	OR
_____ Enhance or expand an ongoing mentoring activity previously funded with SDFSCA	OR
_____ Continue existing mentoring grant project currently funded with SDFSCA grant funds	
SDFSCA Request: \$ _____	

This page should be completed last, after the rest of the application is ready to be submitted.